Certification

I declare to the best of my knowledge and belief that the attached executed collective negotiations agreement(s) and the included su bargaining agreement for the term beginningtellet	document(s) are true electronic copies of the ammary is an accurate assessment of the collective thru 2019.
Employer:	Lower Township Board of Education
County:	hare May
Date:	10/17/17/
Name:	John J. HANSEN
Title:	School Business Administration
	Illa
	Signature

New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #	‡					
	SECTION I: Parties a	and Term of Contra	acts			
1	Public Employer: Lo			County: CAPE		
2	Employee Organization	n: Lower Towns &	Elementory Ed	Number of Employee	es in Unit: 229	
3	Base Year Contract Ter	rm: 2013	3-2016	New Contract Term:	2016-201	9
	SECTION II: Type of	Contract Settleme	ent (please check	only one)		
4	Contract sett	led without neutral a	assistance			
5	Contract settl	led with assistance o	f mediator			
6	Contract settl	led with assistance o	f fact-finder			
7	Contract settle	ed with assistance of	f super-conciliator			
8	If contract was settled		•	a report with recomi	mendations?	
	Yes No					
	SECTION III: Salary I	Base			•	
	The salary base is the	cost of salaries in the	final year of the ex	pired or expiring agr	eement. This is the l	base cost from which
	the parties negotiate t	he salary increases.		***************************************		
9	Salary Costs in Base Ye	ar	\$ 12637,	310		
10	Longevity Costs in Base	e Year	\$ 368,			
11	Total Salary Base		\$ 13,006,0	89		
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*		
12	Effective Date	Year 1	Year 2	Year 3	Year 4	Year 5
12	(month/day/year)	17/1/16	7/1/17	7/1/18		
13	Cost of Salary Increments (\$)	283,580	263,333	272,096		
14	Salary Increase Above Increments (\$)	94908	104,104	105611		
15	Longevity Increase (\$)	-0-	-0-	-6-		
16	Total \$ Increase	358, 488	367, 437	377 707		
17	(sum of lines 13-15) New Salary Base (\$)	13,364,577	13,732,014	14,109 721		
18	Percentage increase over prior year	2,756 %	2.749 %	2.750 %) %	<u> </u>
	*If contract duration is	longer than five yea	ırs, please add an ad	dditional page.		

Empl	oyer: Lower Town	NIHP BUE	 Emplo	vee Organization	1: Lower Tow.	Jsilip Elemen	Jary Ed. Associ
	SECTION V: Increas	ses in Other Co					
19	Item Description Extra environles	Base Year Cost (\$) 175 725	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Yeor 5 Increase (\$)
	Tuition Reimb	35000	-0-	5000	10,000		
20	Totals(\$):	210,725	10,650	15650	20,655		
	*If contract duration	is longer than fiv	re years, pleose o	dd on odditional	poge.		•
	SECTION VI: Medic 4 Sel F I Assuve			Base Yea	ır Year 1		
21	Health Plan Cost			\$ 4221	939 \$ 4990	974	
22	Prescription Plan Cos	t		\$ 1537	187 \$ 1023	,527	
23	Dental Plan Cost			\$ 196	608 \$ 170	031	
24	Vision Plan Cost			\$	\$		
25	Total Cost of Insurance	ce		s 5955	734 5 6184	1532	

Page 2 of 3 (complete all pages)

26

27

Employee Insurance Contributions

Employee Contributions as % of Total Insurance Cost

\$ 612,733

10.28

\$ 810,499

13.10

	yer: Lower To		Employee Organization	: Lower Townsnip	· Elementory Ed.	Page 3
Section	n VI: Medical Co	sts (continued)				
28	Identify any ins	surance changes that w	vere included in this CNA.			
29		ertification and Signa d certifies that the fo	ature regoing figures are true:			
	Print Name: Position/Title:	John HANS	en Administrator			
	Signature:					
	Date:	12 12 12	***	- -		
	Send this comp form to: contra	leted and signed forr acts@perc.state.nj.us	m along with an electronic co	opy of the contract	and the signed certi	fication
	NJ Public Emplo	yment Relations Com	nmission			

Revised 8/2016

PO Box 429

Trenton, NJ 08625 Phone: 609-292-9898